

## CLAIMS ONLY

Application Number

10/6/8, 212

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
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47						
48						
49						
50						
Total						
Indep	3					
Total						
Depend	2					
Total						
Claims	5					

  

* May be used for additional claims or amendments						
	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
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